1.	PATENT APPLICATION FEE DETERMINATION RECORD												
L			tive Octo			Pag		- 1	08/9	52	741		
_		•	S FILED - PART I (Column 1) (Colum			umn 2)	SMALL ENT						1
Ŀ	TOTAL CLAIMS	5					1	RATE	FEE	٦	RATE	FEE	4
Ľ	FOR		NUMBER FILED		NUMBER EXTRA		-	BASIC FE	€ 370.00	OR	BASIC FEE		开
Ľ	TOTAL CHARGEABLE CLAIMS		/5 minus 20=		*			X\$ 9=		OR	X\$18=		1
11	NDEPENDENT C	* = 3 minus		*	7		X42≤		1	Pt	3 6/4	1	
MULTIPLE DEPENDENT CLAIM PR			RESENT		•				 	OR	270	246	+
*	If the difference	e in column 1 is	less than zero, enter "0" in			olumo 2	l	+140=	<u></u>	OR	+2 80 =	270	1
		LAIMS AS						TOTAL		OR	TOTAL	1446	4
		(Column 1)		(Colur		(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL , FEE	1
NON	Total	• 11	Minus	** 20)	= Ø	Ī	X\$ 9= ·		ÖR	X\$18=	1	1
ARE	Independent	* 4	Minus	*** 6		= Ø	T	X42=		OR	X84=	1	1
	THIST PHESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+140=		1	+280=	+	1
	·						_	TOTAL		OR OR	TOTAL		┨
		(Column 1)		(Colum	າກ 2)	(Column 3)	Al	DDIT. FEE		JUN ,	ADDIT. FEE		1
AMENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total `	· 10 .	Minus	** 2	0	- D	Γ	X\$ 9=		OR	X\$18=		1
AM	Independent	* 3	Minus		6	-0	1	X42=	***************************************	OR	X84=		1
	Fino Frese	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM			+140=	7		+280=	- · · · · · · · · · · · · · · · · · · ·	1
	· ·			- - A .				TOTAL		OR .	TOTAL		ł
	425-05	(Column 1)		(Colum	n 2)	(Column 3)	AD	DIT. FEE		Un A	DDIT. FEE		1
		CLAIMS REMAINING AFTER AMENDMENT	- de vicia	HIGHE NUMB PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	Γ	RATE	ADDI- TIONAL FEE	
	Total	* 7	Minus	**	40			X\$ 9=		OR	X\$18=		l
	Independent		Minus			B.	1	X42=		1	X84=		
	HIRST PRESEN	NTATION OF MU	LTIPLE DEP	ENDENT	CLAİM		1			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									(OR L	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"								TOTAL DIT. FEE	أمسيسيس بريد		TOTAL DDIT. FEE		
7	he "Highest Numb	per Previously Paid	For" (Total or	Independen	i) is the h	ighest number f	ound	in the appr	opriate box	in colu	ทก_1		
M	PTO-875 (Rev. 8/0)	1)			· · · · · ·	P	atent /	and Tradama	rk Office 11 C	DEBAG	TIMENT OF C	OWVERCE	

Application or Docket Number